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\ ACCESS, /	236 East 6th Avenue . Tallahassee, Florida 32303			
INC. P.O. Box	37066 (32315-7066)	~ (850) 222-2666	or (809) 969-1666 . Fa	n (850) 222-1666
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T. SMITH OCT 1 8 2000

# ARTICLES OF INCORPORATION

#### OF

# WILLPOWER ASSOCIATES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

#### **ARTICLE I**

#### CORPORATE NAME

The name of the corporation shall be: WILLPOWER ASSOCIATES, INC.

#### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1409 Sligh Boulevard, Orlando, Florida 32806.

#### ARTICLE III

#### **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time are: 1000 shares with no par value.

#### ARTICLE IV

## INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: William DaPonde and the mailing address of its initial agent is: 1409 Sligh Boulevard, Orlando, Florida 32806.

#### ARTICLE V

#### INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): Barbara Pizzo, 701 Renner Road, Wilmington, Delaware 19810.

# ARTICLE VI

#### **DURATION**

The duration of the corporation shall be perpetual.

# ARTICLE VII

# **BOARD OF DIRECTORS**

The number of directors constituting the initial board of directors of the corporation is one (1).

The name and address of the person who is to serve as member of the initial board of directors of the corporation is as follows:

William DaPonde: 1409 Sligh Boulevard, Orlando, Florida 32806

The undersigned incorporator has executed these Articles of Incorporation this twelfth day of October, 2000.

Barbara Pizzo, Incorporator Corporate Consulting Ltd.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the Corporation is: WILLPOWER ASSOCIATES, INC.
- 2. The name and address of the registered agent and office is:

# WILLIAM DaPONDE

(Name)

## 1409 SLIGH BOULEVARD

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

#### ORLANDO, FLORIDA 32806

(City/State/Zip)

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

00 OCT 18 AM IO: 50 SECRETARY OF STATE TALLAHASSEE FLORIDA

Date .